

Secretary of State
Professional Licensing Boards Division
Healthcare Practitioners Section
237 Coliseum Drive
Macon, Georgia 31217

(478) 207-2440

FAX (866)-888-1308

ORDER FORM
for
DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the Board of the applicable profession and mail to the address listed above.

Request for:

☐

Duplicate Pocket-License Card

☐

License Verification

Profession:

- ☐ Dentist ☐ Dental Hygienist ☐ Conscious Sedation Permit ☐ General Anesthesia Permit
- ☐ Chiropractic ☐ Physical Therapist ☐ Physical Therapist Assistant
- ☐ Veterinarian ☐ Veterinary Technician ☐ Veterinary Faculty
- ☐ Speech Pathology & Audiology ☐ Optometry ☐ Pharmacy
- ☐ Athletic Trainers

License #: _____

Name of licensee or facility: _____
(Please print CLEARLY)

Address/Location: _____
(Street or PO Box)

(City)

(State)

(Zip)

Phone #: (_____) _____

- **For Verification of license requests, please indicate where verification should be mailed if different from above:**

(Name or Agency Name)

(Mailing Address)

(City)

(State)

(Zip)